

Agenda: Chronic Illness Measures Workgroup 9-12-2014

9:00	Welcome
9:05	Consider Feedback <ul style="list-style-type: none">• Feedback from September 5 Performance Measures Coordinating Committee Meeting
9:20	Follow-up Items from August 22 Meeting <ul style="list-style-type: none">• Specifications for ASCVD: Use of Statins• Using claims to measure “Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category”• Deconstructing the ambulatory care-sensitive condition (ACSC) ED visit measure in order to report separately on ACSC ED visits, e.g., asthma
9:45	Continue Measures Review <ul style="list-style-type: none">• Utilization• Cost of Care
10:25	Determine Unit(s) of Analysis for Each YES Measure
10:50	Next Steps and Wrap-up
10:55	Open Line for Comment

Specifications for “ASCVD: Use of Statins”

The workgroup requested that staff obtain the specifications for tentatively-recommended measure #18 “ASCVD: Use of Statins”

- **Numerator:** Patients who had a prescription filled for a lipid lowering medication during the measurement year
- **Denominator:** Adults with Coronary artery disease are defined as: Patients 18-75 years of age with at least one outpatient, non-acute inpatient, acute inpatient or ED visit with any diagnosis of coronary artery disease on or between the first day of the first month and the first day of the eleventh month of the year prior to the measurement period.

Use of claims to measure “Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category

The workgroup requested that staff determine if “Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category” (measure #186) can be calculated using claims alone.

Bailit has confirmed that this measure can be generated with claims alone.

Deconstructing the ambulatory care-sensitive condition (ACSC) ED visit measure

The workgroup requested that staff research how to deconstruct the ambulatory care-sensitive condition (ACSC) ED visit measure in order to report separately on ACSC ED visits for specific conditions, such as asthma.

- There is an AHRQ measure of ambulatory care-sensitive condition *inpatient admissions* (www.qualityindicators.ahrq.gov/Modules/PQI_TechSpec.aspx). There are some people who use the diagnoses for ED visits as well. If the workgroup is interested in doing to so, the measure breaks down with the following conditions:
 - [PQI 01 Diabetes Short-term Complications Admission Rate](#)
 - [PQI 02 Perforated Appendix Admission Rate](#)
 - [PQI 03 Diabetes Long-term Complications Admission Rate](#)
 - [PQI 05 Chronic Obstructive Pulmonary Disease \(COPD\) or Asthma in Older Adults Admission Rate](#)
 - [PQI 07 Hypertension Admission Rate](#)
 - [PQI 08 Heart Failure Admission Rate](#)
 - [PQI 09 Low Birth Weight Rate](#)
 - [PQI 10 Dehydration Admission Rate](#)
 - [PQI 11 Bacterial Pneumonia Admission Rate](#)
 - [PQI 12 Urinary Tract Infection Admission Rate](#)
 - [PQI 13 Angina Without Procedure Admission Rate](#)
 - [PQI 14 Uncontrolled Diabetes Admission Rate](#)
 - [PQI 15 Asthma in Younger Adults Admission Rate](#)
 - [PQI 16 Lower-Extremity Amputation among Patients with Diabetes Rate](#)

YES Measures To Date (n=9)

Identifier (#)	Name of Measure	NQF #	Steward	Category	Data Source	Measure Description
116	Use of Appropriate Medications for Asthma (ASM)	0036	NCQA	Asthma	Claims	Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.
119	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	0577	NCQA	COPD	Claims	The percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.
13	Anti-depressant Medication Management (AMM)	0105	NCQA	Depression	Claims	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment.
31	Comprehensive Diabetes Care: Eye Exam	0055	NCQA	Diabetes	Claims	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period

YES Measures To Date, Cont'd (n=9)

Identifier (#)	Name of Measure	NQF #	Steward	Category	Data Source	Measure Description
37	Comprehensive Diabetes Care: Medical Attention for Nephropathy	0062	NCQA	Diabetes	Claims	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.
34	Comprehensive Diabetes Care: Hemoglobin A1c testing	0057	NCQA	Diabetes	Claims	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year.
18	ASCVD: Use of Statins	NA	American College of Cardiology and the American Heart Association	Hypertension and Cardiovascular Disease	Claims	Numerator: Patients who had a prescription filled for a lipid lowering medication during the measurement year Denominator: Adults with Coronary artery disease are defined as: Patients 18-75 years of age with at least one outpatient, non-acute inpatient, acute inpatient or ED visit with any diagnosis of coronary artery disease on or between the first day of the first month and the first day of the eleventh month of the year prior to the measurement period.

YES Measures To Date, Cont'd (n=9)

Identifier (#)	Name of Measure	NQF #	Steward	Category	Data Source	Measure Description
1	Annual Monitoring for Patients on Persistent Medications (ACE/ARB component)	NA	NCQA	Hypertension and Cardiovascular Disease	Claims	MPM HEDIS measure: Percent of patients who received 180 treatment days of ACE inhibitors or ARBS, during the measurement year who had at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.
92	Pharmacy: Percent Generic (one rate for each: Antacid, Antidepressants, Statins, ACE and ARBS, ADHD)	NA	Washington Health Alliance Home Grown	Medication Management and Generic Use	Claims	<p>Percentage of Generic Prescriptions for ACE inhibitors or angiotensin II receptor blockers (ARBs).</p> <p>Percentage of Generic Prescriptions for attention deficit hyperactivity disorder (ADHD) Medications</p> <p>Percentage of Generic Prescriptions for PPIs (proton pump inhibitors)</p> <p>Percentage of Generic Prescriptions for SSRIs, SNRIs, and other Second Generation Antidepressants</p> <p>Percentage of Generic Prescriptions for Statins</p>

PARKING LOT TOPICS/MEASURES

Topic	Comments	Potential Measures
1. Diabetes: Blood Pressure and HbA1c Control	There is strong interest in measures that ascertain intermediate outcomes; however, there is recognition that we are currently unable to reliably measure outcomes utilizing clinical data from the electronic or paper medical record for a broad segment of provider organizations.	Measure #30 (NQF #0061): The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading is <140/90 mm Hg during the measurement year. Measure #33 (NQF #0059): Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.
2. Cardiovascular Disease: Blood Pressure Control	Same as above	Measure #38 (NQF #0018): The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.
3. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication (ADD)	This is a claims-based measure. Considered very important but not as a priority for the starter set. Consider for future measure sets.	Measure #50 (NQF #0108): Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase
4. Diabetes composite measure	The work group would like to see the inclusion of a nationally-vetted composite measure that includes outcomes at the point which the Alliance is able to measure all of the components of the measure.	

PARKING LOT TOPICS/MEASURES, CONT'D

Topic	Potential Measures
5. Diabetes: ACE/ARB	The work group would like to see the inclusion of a nationally-vetted measure to assess use of ACE inhibitor or angiotensin receptor blocker (ARB) in the diabetic population when one is developed.
6. Diabetes: statins measure	The work group would like to see the inclusion of a nationally-vetted measure to assess use of statins in the diabetic population when one is developed.
7. Functional Status	The work group would like to consider adding a functional status measure at a future date. Currently, there are no functional status measures in wide use with readily available data for measurement and reporting.
8. Additional asthma measures	<p>The work group indicated interest in asthma measures related to adherence and outcomes going forward. With respect to outcomes, group expressed interest in utilization measures such as asthma hospital admission rates and ER utilization for asthma-related complications. Other outcome measures will require clinical data that we can't access at present. The work group would also like future consideration of a patient-experience asthma measure.</p> <ul style="list-style-type: none"> • Asthma Medication Ratio (AMR) (NQF #1800) (Measure #171) • Asthma: Pharmacologic Therapy (NQF #0047) (Measure #172) • Medication Management for People with Asthma (MMA) (NQF #1799) (Measure #71) • Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT) (NQF #0548) (Measure #173) • Relative Resource Use for People with Asthma (NQF #1560) (Measure #174)- for use at the medical group level and not the health plan level • Asthma: Assessment of Asthma Control (NQF#0001) (Measure #187)

PARKING LOT TOPICS/MEASURES, CONT'D

Topic	Potential Measures
9. Additional COPD measures	The work group would like consideration of a measure of medication compliance and therapy in the future.
10. Control of depression	The work group would like future measure sets to include: Depression screening among patients with one or more chronic disease diagnoses Depression management through PHQ-9 results monitored over time
11. Drug and alcohol screening and treatment	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) (NQF #0004) (Measure #65) SBIRT Service Penetration (Measure #129)
12. Management of hypertension	The work group believes that future adoption of a clinical data-based hypertension measure should be a priority, anticipating that the new JNC guidelines will be incorporated into future measure specifications. Controlling High Blood Pressure (NQF #0018) (Measure #38)
13. Continuity of care	The work group noted this this is one of the few considered measures applicable to the legislative directive to look at continuity of care measures. It also relates to other SIM planning work. The measure probably can't be collected with claims. Advance Care Plan (NQF #0326) (Measure #170)